## PART B - FEE(S) TRANSMITTAL

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Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Millie Persin

October

PUBLICATION PEE

|                                                                                                                      | or <u>Fax</u>                | (703) 746-4000                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| appropriate. All further correspondence including the Patent, adv                                                    | ance orders and notification | CATION FEE (if required). Blocks I through 5 should be completed where n of maintenance fees will be mailed to the current correspondence address as correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for                                                                                                                          |
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| Chief Intellectual Property Counsel<br>Bridgestone/Firestone, Inc.<br>1200 Firestone Parkway<br>Akron, OH 44317-0001 | 1 OC1 "                      | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimilar transmitted to the USPTO (703) 746-4000, on the date indicated below. |

10074907 10/29/2004 HBERHE1 00000026 060925

1370.00 DA 01 FC:1501 300.00 DA

02 FC:1504 300.00 DA 03 F(:80\(\text{Application No.00}\) DA FILING DATE

FIRST NAMED INVENTOR

ATTORNEY DOCKET NO.

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2004

(Signatore

(Depositor's name

CONFIRMATION NO.

10/074.907

APPLN. TYPE

02/12/2002

SMALL ENTITY

Terrence E. Hogan

P00100US1A/FIR 2 0083

TOTAL FEE(S) DUE

8437

DATE DUE

TITLE OF INVENTION: CUREABLE SILANE FUNCTIONALIZED SPALANT COMPOSITION AND MANUFACTURE OF SAME

ISSUE FEE

| nonprovisional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | NO                                                                                                                             | \$1330                                                           | )                                                             | \$300                 | \$163                                          | .0                                      | 10/25/2004                           |  |  |
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| EXAMI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | EXAMINER ART U                                                                                                                 |                                                                  | NIT CLASS-SURCLASS                                            |                       | $\overline{}$                                  |                                         |                                      |  |  |
| HARLAN, R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | OBERT D                                                                                                                        | 1713                                                             |                                                               | 526-347000            |                                                |                                         |                                      |  |  |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  1. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  1. The Address form PTO/SB/122 attached.  2. The printing on the patent from page, list for a gents OR, alternatively.  2. The PTO/SB/122 attached attorney or agents on a gents OR, alternatively.  2. The PTO/SB/122 attached attorney or agents on agents of a gents of a gents OR, alternatively.  2. The PTO/SB/122 attached attorney or agent attorney o |                                                                                                                                |                                                                  |                                                               |                       |                                                |                                         | E. Palmer                            |  |  |
| Please check the appropriate a<br>4a. The following fee(s) are er                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                |                                                                  | inted on the patent); . Payment of Fee(s):                    | individual individual | Aleurporation or of                            | ner private group o                     | entity                               |  |  |
| X Xsue Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1070.201                                                                                                                       |                                                                  | A check in the am                                             | ount of the fec(s) is | enclosed.                                      |                                         |                                      |  |  |
| XX Publication Fee (No sma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Il entity discount permitte                                                                                                    | J)                                                               | Payment by credit card. Form PTO-2038 is attached.            |                       |                                                |                                         |                                      |  |  |
| XX Advance Order - # of Copies 2 XX The Director is hereby authorized by charge the required fee(s), or cree Deposit Account Number 06-0925 (enclose an extra copy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                |                                                                  |                                                               |                       |                                                | ed fee(s), or credi                     | t any overpayment, to of this form). |  |  |
| 5. Change in Entity Status (i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                | •                                                                | ☐ b. Applicant is no                                          | t claiming SMALL      | ENTITY status. See                             | , e.g., 37 CFR 1.2                      | 7(g)(2).                             |  |  |
| The Director of the USPTO is NOTE: The Issue Fee and Put interest as shown by the record                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | requested to apply the Issu-<br>dication Fee (if required) value of the United States Pate                                     | ie Fee and Publicat<br>vill not be accepted<br>ent and Trademark | tion Fee (if any) or to<br>I from anyone other the<br>Office. | re-apply any previo   | ously paid issue fee<br>registered attorney of | to the application or agent; or the ass | dentified above.                     |  |  |
| (Authorized Signature)  This collection of littormation an application. Confidentiality submitting the completed appthis form and/or suggestions of Box 1450, Alexandria, Virgin Alexandria, Virginia 22313-1-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | is required by 37KFR 1.3. is governed by 35 U.S.C. lication form to the USPT or reducing this burden, state 22313-1450. DO NOT | (Date) (J. The information 122 and 37 CFR.)                      | Clober  or is required to obtain                              | 25, 200               | by the public which                            | is to file (and by t                    | he USPTO to process)                 |  |  |

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